

In the United States, one of the following health warnings has been required on cigarette packages and advertisements since October 12, 1985:

**SURGEON GENERAL'S WARNING:** Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

**SURGEON GENERAL'S WARNING:** Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

**SURGEON GENERAL'S WARNING:** Smoking by Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight.

**SURGEON GENERAL'S WARNING:** Cigarette Smoke Contains Carbon Monoxide.

Since February 17, 1987, one of the following warnings has been required on smokeless tobacco packages and advertisements:

**WARNING:** This product may cause mouth cancer.

**WARNING:** This product may cause gum disease and tooth loss.

**WARNING:** This product is not a safe alternative to cigarettes.

No legislation or regulation in the United States requires that the tar and nicotine yield of cigarettes be listed on cigarette packages or in advertisements, although the Department of Health and Human Services and the Federal Trade Commission have recommended such requirements. The tobacco industry complies with a plan for voluntary disclosure of tar and nicotine yield in advertisements, and disclosure is often made voluntarily on packages for cigarettes yielding 8 mg of tar or less, but rarely for higher-tar brands (Davis, Healy, Hawk 1990).

In the United States, federal legislation requires that manufacturers provide the Secretary of Health and Human Services with information (which must be kept confidential) on the nicotine yield of smokeless tobacco products but does not require the nicotine yield to be listed on packages or in advertisements.

### **Latin America**

All but two of the 14 Latin American countries requiring health warnings use the standard warning that smoking is dangerous to health (Table 3). Chile, which formerly used this warning, required in 1986 that the following stronger warning be clearly displayed on the package:

Tobacco may cause cancer—Ministry of Health.

As of 1989, Costa Rica also has required stronger warnings:

Smoking during pregnancy damages the child and provokes premature births.

Smoking produces lung cancer, heart disease, and emphysema.

Statement of tar and nicotine yield is required by three Latin American countries—Ecuador, Mexico, and Uruguay. Uruguay's legislation requires cigarette manufacturers and importers to publish the tar and nicotine yield of each brand once or twice a year in the major advertising media.

### **Caribbean**

Four Caribbean countries require health warnings on cigarette packages, and two require statements of tar yield. The standard warning is required in Barbados and Trinidad and Tobago, but the Bahamas requires a stronger warning: "Tobacco smoking may cause heart disease or lung cancer among other diseases." The Bahamas also prohibits the sale of loose cigarettes; cigarettes must be sold in a package with a warning. Bermuda requires a health warning on cigarettes and other tobacco products, and the warning required for imported cigarettes is the same as that required by their country of origin.

Only Bermuda requires statements of tar yield. In Trinidad and Tobago, standards prohibit using the phrase "low tar" in a brand name. Regulations of the Bureau of Standards specify that low-tar cigarettes have less than 10 mg of tar per cigarette; medium-tar cigarettes have 10 to 17 mg of tar; and high-tar cigarettes have 18 mg of tar or more. These standards apply to cigarettes manufactured in Trinidad and Tobago only. Average nicotine yield and tar group are requested by Bureau of Standards regulations; however, all these standards are voluntary, and statements of warning do not appear on packages of locally made products.

### **Restrictions on Sales to Adults**

Restrictions on where cigarettes may be sold make a strong statement to the public about the product's harmfulness and lack of social acceptability. Sale of tobacco may be banned in health institutions and government buildings or banned or limited from vending machines.

Few countries have restrictions on where cigarettes may be sold. In 1986, the Chilean Ministry of Health prohibited the sale of tobacco products in all establishments of the National Health Service. The Ministry of the Interior in Chile recommended

restrictions on the sale of tobacco products in kiosks and other places of all government services. In Cuba, the sale of tobacco products is prohibited in health centers and in educational and recreational facilities that are primarily for young people (Suárez-Lugo 1988). The State of Rio Grande do Sul, which produces 70 percent of Brazil's tobacco, prohibits the sale of cigarettes in any establishment that is administered or subsidized by the state, including buildings of the

Legislative Assembly. The government of Rio Grande do Sul also recommends that the sale of tobacco be avoided in hospitals and health services.

Legislation restricting sales to adults is not common, perhaps because legislation to control smoking in public places is considered a better approach. Also, many educational and health institutions have voluntarily stopped selling tobacco products on their premises.

## Legislation to Change Smoking Behavior

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Legislation can help change smoking behavior by fostering an environment in which smoking is socially unacceptable. The effectiveness of tobacco-control activity is closely linked to changes in social norms that tolerate smoking (WHO 1983). The need to control such norms is enunciated by the 1988 mission statement of the Canadian tobacco company, Imperial Tobacco Ltd. (ITL) (Imperial Tobacco Ltd. v. Attorney General of Canada, 1990):

The following philosophies have effectively governed ITL's marketing, planning and activities. They remain valid. . . . 4. Support the continued social acceptability of smoking through industry and/or corporate actions (e.g. product quality, positive lifestyle advertising, selective field activities and marketing public relations programs).

Considerable legislative effort has been devoted to protecting nonsmokers from exposure to tobacco smoke and potential smokers from encouragement to smoke. An important concomitant of such legislation has been a reduction in the social acceptability of smoking.

### Control of Smoking in Public Places

The health risks to nonsmokers from exposure to environmental tobacco smoke (sidestream smoke, emitted from a burning tobacco product, combined with exhaled smoke) have been established. Studies in many countries have demonstrated the dangers of exposure to environmental tobacco smoke; an example is the 30 percent increase in lung cancer among nonsmoking wives of smokers compared with those of nonsmokers (USDHHS 1986; National Research Council 1986). As this knowledge has been disseminated, legislators and policymakers at the national and subnational levels have responded by restricting smoking in public places.

### North America

The Non-smokers' Health Act, passed by the Canadian Parliament in June 1988 and amended in 1989, regulates smoking in workplaces under federal jurisdiction and controls smoking on Canadian airlines and other forms of transportation subject to national legislation. Smoking is banned on flights of six hours or less, and by 1993, smoking will be banned on all flights of Canadian carriers (Collishaw, Rogers, Kaiserman 1990). Since October 1990, all scheduled flights made by Air Canada throughout the world have been smoke-free.

A directive of Transport Canada declares public areas in airports to be nonsmoking, except for a few designated smoking areas. Ticket lines and baggage claim areas are nonsmoking, but passenger waiting areas of 30 seats or more may contain smoking sections. Restaurants in airports are expected to maintain a nonsmoking-to-smoking ratio of 60 to 40 in their seating (Health and Welfare Canada 1989b).

As of 1988, three Canadian provincial governments and multiple municipalities within the 10 provinces had enacted legislation to control smoking in public places and the workplace (Calgary Health Services 1988). Both the types of public places and the degree of restrictiveness vary. The public places include restaurants with more than 40 seats, areas for private social functions (such as banquets), beverage rooms or lounges with more than 40 seats, indoor places for public assembly (including banks, theaters, and schools), reception areas and waiting rooms, hospitals, retail stores with more than 10 employees, service lines, elevators and escalators, public areas of buildings, public washrooms, school and public buses, bus shelters, and taxis.

Enforcement is mainly by individual citizens; that is, knowledge of the bylaw and posting of the

required signs deter the smoker from smoking and encourage the nonsmoker to request a nonsmoking area. Most municipalities report that compliance with the bylaw is high. In Toronto, enforcement occurs either by the issuance of a ticket similar to a traffic ticket or by a formal charge that requires the offender to appear in court (Calgary Health Services 1988).

In the United States, most legislation to control smoking in public places is enacted at the state and local levels to protect the health, welfare, and safety of the people. Forty-three states and the District of Columbia restrict smoking in public places in some manner (Tobacco-Free America 1989), and about 400 city and county smoking-control ordinances have been enacted. In general, state laws tend to be weaker and less comprehensive than local smoking ordinances (Pertschuk and Shopland 1989).

Although the federal government has not enacted smoking restrictions for nongovernment public places, it has adopted regulations controlling smoking in federal facilities and workplaces, and legislation has been passed restricting smoking on commercial airlines (USDHHS 1989). In 1989, the temporary law banning smoking on domestic flights of two hours or less expired, and Congress enacted a statute banning smoking on all scheduled airline flights of six hours' duration or less within the contiguous 48 states, the District of Columbia, Puerto Rico, and the Virgin Islands; within the states of Alaska and Hawaii; and between Alaska or Hawaii and a point in the contiguous 48 states, the District of Columbia, Puerto Rico, or the Virgin Islands. This ban applies to both domestic carriers and foreign airlines (Federal Aviation Act of 1958, annotated 1990).

State legislation restricting smoking in public places, called clean indoor air acts, varies in the number of public places covered and in the degree of restrictiveness. Thirteen states have extensive statutes that limit smoking in several public places (in addition to restaurants) and private worksites (USDHHS 1990b). Thirteen states are moderate in restrictiveness; they limit smoking in at least four public places, but not in restaurants. Eleven states have basic restrictiveness; smoking is limited in at least four public places, but not in restaurants or private worksites.

State legislation generally restricts smoking in public transportation vehicles, health care offices and facilities, and elevators. In addition, many states restrict smoking in indoor cultural and recreational facilities, such as libraries, museums, theaters, galleries, arenas, and auditoriums. In 31 states, smoking in schools and on school grounds is restricted for students, school personnel, and other persons with access to the school (USDHHS 1990a). In 29 states, smoking

in government buildings is restricted, and in 23 states, smoking is prohibited or restricted at public meetings. But less than half of the states prohibit smoking in supermarkets, grocery stores, or other retail stores or require restaurants to establish nonsmoking areas.

Local ordinances restricting smoking in public places were first passed in the early 1980s, and they soon spread to 397 cities and counties to affect 52,471,053 persons, or 21.7 percent of the total U.S. population. Of these ordinances, 369 control smoking in restaurants, and 298 limit smoking in enclosed public places and/or retail stores. These local ordinances were quickly adopted from 1982 to 1989 (Pertschuk and Shopland 1989), and a high level of compliance has generally been achieved.

### **Latin America**

Many Latin American countries have enacted restrictions on smoking in public places, generally at the national level, but also at the subnational level. Smoking is generally restricted in public transportation vehicles, health establishments, schools, cinemas and theaters, and government buildings, but legislation limiting smoking in restaurants is rare. Although not all Latin American countries have enacted such legislation, the legislation is quite extensive and covers a variety of public places (Table 4). In many countries, however, enforcement is weak or nonexistent.

### **Caribbean**

In the Caribbean, legislation on control of smoking in public places is rare. The Ministry of Transport of the Bahamas issued regulations prohibiting smoking during domestic interisland flights of the national airline, Bahamasair. In Barbados, health services (food hygiene) regulations prohibit smoking while handling food or when in a room with open food.

### **Control of Smoking in the Workplace**

Many public places, such as schools and hospitals, are also workplaces; therefore, statutes restricting smoking in public places benefit both the employees and the public entering these places. Legislation to restrict smoking in the workplace is especially important because people spend more time at work than they do at meetings, in an elevator, or in a theater. Moreover, smoking is particularly dangerous when it accentuates the toxic effects of hazardous materials. In 1985, a report of the Surgeon General on cancer and lung disease in the workplace concluded that, for most U.S. workers, cigarette smoking is a more serious cause of death and disability than the other threats posed by the workplace environment (USDHHS 1985).

**Table 4. Countries that restrict smoking in public places, by type of place\***

Country and selected jurisdiction	Government agencies	Health establishments	Schools <sup>†</sup>	Public transportation	Indoor public places	Cinemas, theaters	Food storage places, restaurants	Other
North America								
Canada	X	X	X	X	X	X	X	
United States	X	X	X	X	X	X	X	
Latin America								
Argentina			X	X	X		X	
Province of Córdoba	X		X	X		X	X	
Province of Jujuy	X	X	X	X	X			
Province of Mendoza	X	X	X	X	X			
San Fernando del Valle de Catamarca	X			X	X			
Valle Viejo	X			X	X	X		
Buenos Aires			X	X		X	X	
Bolivia		X	X	X	X			
Brazil	X	X			X			
Rio Grande do Sul		X	X	X	X	X		
São Paulo		X	X	X	X	X	X	
Rio de Janeiro		X	X	X	X	X	X	
Pôrto Alegre			X	X	X	X		X
Curitiba					X			
Florianópolis					X			
Chile	X	X	X	X				
Colombia								
Bogotá	X	X	X	X	X	X		
Costa Rica	X	X		X	X	X		
Cuba	X	X	X	X	X	X	X	
Guatemala	X			X	X			X
Honduras	X	X	X	X	X	X		
Mexico		X						
Federal District	X	X	X	X	X	X		
Panama				X				
Paraguay		X						
Asunción				X		X		
Peru	X	X						
Uruguay	X	X	X	X				
Montevideo	X	X		X		X		X
Venezuela	X		X	X	X	X		

Table 4. Continued

Country and selected jurisdiction	Government agencies	Health establishments	Schools <sup>†</sup>	Public transportation	Indoor public places	Cinemas, theaters	Food storage places, restaurants	Other
Caribbean								
Bahamas				X				
French overseas departments and territories <sup>‡</sup>		X	X		X			X
Trinidad and Tobago				X				

\*For a summary of legislation in selected countries, see the notes in Appendix 1 to this chapter.

<sup>†</sup>Includes other places where young people congregate.

<sup>‡</sup>For this table, the French overseas departments and territories are counted with the Caribbean countries.

### North America

In Canada, the Non-smokers' Health Act of 1988 restricts smoking in all workplaces under federal jurisdiction. The statute covers 900,000 workers in both the public and private sectors—about 8 percent of the Canadian work force. Employers are required to ensure that workers refrain from smoking in any workplace under their control, except in designated smoking areas for which size, ventilation, and other characteristics are prescribed.

Legislation in several provinces in Canada, including Quebec, Manitoba, and Ontario, restricts smoking in the workplace by controlling smoking in public places or in the workplace. In Ontario, The Smoking in the Workplace Act of 1988 prohibits smoking in all areas of the workplace, except designated smoking areas, public areas, and areas used for lodging and private dwellings.

Municipal bylaws, enacted by 22 municipalities in Canada as of 1988, have been the major legal mechanism for controlling smoking in the workplace. This legislation generally requires employers to have written smoking policies that attempt to accommodate both smokers and nonsmokers in the workplace (Calgary Health Services 1988). The most stringent legislation bans smoking when the concerns of smokers and nonsmokers cannot be accommodated. Bylaws may also set forth requirements for compliance, posting of signs, and penalties (Calgary Health Services 1988). In the city of Toronto, more than C\$500,000 was budgeted for educating the public and hiring staff for consultation and enforcement. This extensive promotion campaign included radio commercials in several languages, a television campaign, mass transit and

newspaper advertisements, direct mail to employers, and a telephone hotline service (Calgary Health Services 1988).

In the United States, policies of federal agencies generally restrict but do not ban smoking in the workplace; most federal employees are covered by such policies. The General Services Administration has issued regulations on smoking in federal buildings (USDHHS 1989), and the Department of Health and Human Services has issued a total ban on smoking in its buildings (Bureau of National Affairs 1987). Laws in 31 states restrict smoking at public worksites, and in additional states, smoking at public worksites is restricted by action of the executive branch of the state government.

Governments have been slower to mandate smoking restrictions for private worksites than for their own employees (USDHHS 1989), but 13 states have enacted such legislation. The New York State clean indoor air act of 1989 (Public Health Law Article 13-E, Regulation of Smoking in Certain Public Areas), for example, provides that each employer shall adopt and implement a written smoking policy that requires, at a minimum, a smoke-free work area for nonsmoking employees; a work area for smoking, if all employees assigned to the area agree to the designation; and contiguous nonsmoking areas in employee cafeterias, lunchrooms, and lounges sufficient to meet the demand. The policy must prohibit smoking in auditoriums, gymnasiums, rest rooms, elevators, classrooms, hallways, employee medical facilities, and company vehicles occupied by more than one person. Any place may be designated by its owner, operator, or manager as a nonsmoking area in its entirety. Violation of these restrictions is punishable by civil penalty

of up to \$1,000 (if imposed by the state) and up to \$500 (if imposed by a local enforcement official) (New York Public Health Law 1990).

Most laws governing smoking in the workplace are local ordinances. In the United States, 297 cities and counties require both public and private employers to maintain a written smoking policy (Pertschuk and Shopland 1989). Most of these ordinances make no exception for small workplaces; provide that, in a conflict between the concerns of nonsmokers and smokers, nonsmokers' concerns will take precedence; and prohibit retaliation against employees who exercise their rights under a smoking ordinance.

### **Latin America**

In Latin America, restrictions on smoking in the workplace are generally included in legislation prohibiting smoking in public places (Table 4). National and local legislation that restricts smoking in public places affects both employees and the public. A few statutes specifically ban smoking on work premises, especially by employees of health establishments—as stated in the legislation of Brazil, Chile, Costa Rica, Cuba, Mexico, Peru, Uruguay, and Venezuela. Costa Rica's 1988 legislation imposes a general ban on smoking in the workplace and requires the director of the workplace, or his or her representative, to ensure strict compliance with this prohibition. An area of the workplace may be reserved for smokers, when possible. The statutes on smoking in public places often do not specify work settings, but they may be included.

### **Caribbean**

No known legislation regulates smoking in the workplace in the Caribbean countries.

## **Preventing Young People from Smoking**

Restrictions on advertising and on smoking in public places benefit young people as well as adults. Other types of legislation are specifically directed at controlling tobacco use by minors. As of 1986, 22 countries worldwide had enacted measures specifically designed to prevent young people from smoking (Roemer 1986).

Easy access to tobacco products by minors may contribute to the early use of tobacco and to the development of tobacco addiction as adults (Choi, Novotny, Mickel, in press). Laws prohibiting the sale of tobacco to minors have long been on the statute books in many countries, but enforcement has been weak or nonexistent. Because minors obtain cigarettes from retailers and vending machines, banning or restricting the sale of tobacco through vending

machines is critical (USDHHS 1989). Prohibiting cigarette vending machines or limiting their location makes tobacco less available.

Prohibiting the distribution of free cigarettes is another strategy for protecting young people. More than a dozen cities in the United States prohibit the distribution of free cigarettes, and two states—Minnesota and Utah—prohibit the distribution of free smokeless tobacco products as well (Davis and Jason 1988). Although several countries (e.g., Hong Kong, Australia, and Ireland) prohibit the importation, sale, and use of smokeless tobacco (European Bureau for Action on Smoking Prevention 1990), and other countries require health warnings on smokeless tobacco products, no such restrictions have yet been enacted in Latin America or the Caribbean.

Another measure restricts manufacturers' sale of tobacco products to licensed distributors only. The licensing law may include a provision for penalizing a licensee who furnishes tobacco to minors, and revocation of the license may be a penalty for a subsequent offense.

### **North America**

In Canada, federal legislation makes it an offense for a person under the age of 16 to possess tobacco, but this law is seldom enforced. Similar but little-used laws are long-standing in the provinces of Saskatchewan, New Brunswick, and Newfoundland. The provinces of Ontario, Manitoba, and Saskatchewan have passed laws making it an offense, punishable by a fine, to sell or give cigarettes to a minor. A recent amendment to the Minors Protection Act of Ontario increased the fine from C\$50 to C\$25,000.

In the United States, the only federal legislation regulating minors' access to tobacco is the Comprehensive Smokeless Tobacco Health Education Act of 1986, which authorizes the federal government to assist the states in establishing 18 as the minimum age for the purchase of smokeless tobacco.

Tobacco access laws are generally enacted by state and local governments. As of 1989, 44 states and the District of Columbia restricted the sale of tobacco to minors, but six states allowed children of any age to buy tobacco in any form (Tobacco-Free America 1989). The age for legal purchase of tobacco products is generally set at 18 years, although in three states, it is 19 years (CDC 1990b). In 17 states, the vendor is required to post signs stating that sale of tobacco to minors is illegal.

In 17 states, statutes regulate the sale of tobacco products from vending machines (Tobacco-Free America 1989). In 14 states, owners, operators, or supervisors of tobacco vending machines are required

to post signs stating that minors are prohibited from buying cigarettes from a vending machine. In five states, vending machines must be placed in supervised areas so that minors cannot use them. Wisconsin prohibits the placement of tobacco vending machines within 500 feet of a school. Utah has banned tobacco vending machines, except in places to which minors presumably do not have access, such as bars. Only Colorado bans the sale of smokeless tobacco products through vending machines.

Some local communities—many of which are in Minnesota, where the first clean indoor air act was passed in 1975—have prohibited or restricted the use of cigarette vending machines. Some communities have banned the machines entirely; others have banned them from public places or restricted them to places licensed to sell liquor; and others require them to be under constant supervision by employees.

Sellers of tobacco products are required to be licensed in 46 states (Tobacco-Free America 1989). Four states have laws requiring revocation of the license for violation of minors' access laws, and other states have provisions for such license revocation as part of local criminal or administrative proceedings (CDC 1990b).

Compliance with tobacco access laws has been poor because vendors are unaware of the laws and because state and local authorities fail to enforce them (USDHHS 1989; CDC 1990b). In May 1990, USDHHS proposed a model law for states and localities that would facilitate enforcement of a ban on the sale of tobacco products to minors. The Model Sale of Tobacco Products to Minors Control Act provides for the creation of a licensing system, similar to that used to control the sale of alcoholic beverages, by which a store may sell tobacco to adults only if it avoids making sales to minors; sets a graduated schedule of penalties—from monetary fines to license suspension; provides separate penalties for failure to post a sign stating that sales to minors are illegal; places primary responsibility for investigation and enforcement in a designated state agency; relies mainly on state-administered civil penalties to avoid the delay and cost of the court system; sets the legal age of purchase at 19; and bans the use of vending machines to dispense cigarettes.

Restrictions on smoking in schools are imposed by statute and by action of school authorities. Legislation in 15 states bans smoking in schools, and in 17 additional states, smoking is restricted to designated areas (USDHHS 1989). Smoking by teachers has customarily been permitted in areas away from students, but increasingly, school smoking policies are banning all smoking on school property.

## **Latin America**

In many Latin American countries, the laws that regulate tobacco advertising, require health warnings on cigarette packages, and control smoking in public places discourage smoking by young people. Fifteen Latin American countries have also enacted legislation specifically to control smoking by children and adolescents. The most common type, which restricts advertising that influences young people, has been adopted in 13 Latin American countries. Statutes in six countries prohibit sales of tobacco to minors. Three countries—Argentina, Brazil, and Ecuador—prohibit the distribution of free samples of cigarettes to minors, and one country (Uruguay) prohibits the sale of single or loose cigarettes. Legislation in seven countries prohibits smoking or tobacco sales in schools and places frequented by young people, but such prohibitions may also be imposed by school authorities (Table 5).

## **Caribbean**

In the Caribbean, only Trinidad and Tobago has legislation designed to prevent smoking by young people. The legislation restricts advertising in cinemas, during films certified for showing to persons under age 18, and on children's television programs. Under the Children Act of 1925, Trinidad and Tobago prohibits the sale of cigarettes to persons under age 16. The prohibition on the sale of loose cigarettes in the Bahamas may, to some extent, prevent young people from purchasing tobacco products.

Smoking in schools is generally regulated by the schools. In Grenada, the Minister of Education issued regulations that no child is allowed to smoke in school (Pan American Health Organization [PAHO] 1988).

## **Mandating Health Education on Tobacco**

The WHO Expert Committee on Smoking Control Strategies in Developing Countries emphasized that no legislation can be expected to succeed without education and urged countries to make education on the health hazards of tobacco mandatory before introducing legislation (WHO 1983). Health education about tobacco use may be effective without legislation; in some countries, such education has been provided to the general public and through school systems without legislation. For example, the 1983 Principles of Medical Ethics of Cuba set forth the obligation of teachers to fight against customs, including the smoking habit, that affect health (Ministry of Public Health 1983). But a law mandating education on smoking and health expresses government policy and promotes implementation of such education.

**Table 5. Countries that attempt to prevent young people from using tobacco, by type of restriction\***

Country	Sales to minors	Sales from vending machines	Smoking or sales in schools <sup>†</sup>	Advertising <sup>‡</sup>
North America				
Canada	X	X	X	X <sup>§</sup>
United States <sup>  </sup>	X	X	X	
Latin America				
Argentina			X	X
Bolivia			X	X
Brazil	X		X	X
Chile			X	X
Colombia	X		X	
Costa Rica	X			
Cuba	X		X	X <sup>§</sup>
Ecuador	X			X
El Salvador				X
Mexico				X
Panama				X
Paraguay				X
Peru				X
Uruguay	X		X	X
Venezuela				X
Caribbean				
French overseas departments and territories <sup>¶</sup>	X		X	X <sup>§</sup>
Trinidad and Tobago			X	X

\*For a summary of legislation in selected countries, see the notes in Appendix 1 to this chapter.

<sup>†</sup>Includes other places frequented by young persons.

<sup>‡</sup>That influences young people.

<sup>§</sup>Total ban on advertising.

<sup>||</sup>Does not necessarily imply federal legislation, but acknowledges activities of several states.

<sup>¶</sup>For this table, the French overseas departments and territories are counted with the Caribbean countries.

Three types of legislation mandating education about the health effects of tobacco use have been enacted. These are (1) requirements for public education, (2) requirements for education in the schools, and (3) allocation of funds for such education (Roemer 1986, in press). The third type of legislation may require that educational programs be funded from the general budget or from specific sources, such as tobacco taxes.

#### North America

In Canada, the publication in 1974 of the landmark Lalonde Report launched a movement for disease

prevention and health promotion (Lalonde 1974). By 1989, Canada had implemented a comprehensive tobacco-control program, which includes a ban on tobacco advertising, regulations and increased taxes on tobacco products, legislation and other measures to control smoking in public places, and intensified educational efforts.

The program has been remarkable for its cohesive coalition of national voluntary and health organizations—particularly the Non-Smokers' Rights Association, the Canadian Cancer Society, the Canadian Council on Smoking and Health, Physicians for



a Smoke-Free Canada, and the Canadian Medical Association (Lachance, Kyle, Sweanor 1990). These and other organizations have banded together as the Canadian Council on Smoking and Health, a nonprofit voluntary coalition of 10 provincial chapters and more than 50 local interagency councils across Canada.

Health and Welfare Canada allocated both personnel and financial resources to health promotion; in 1985, it launched the National Strategy to Reduce Tobacco Use by introducing the slogan "Break Free for a New Generation of Non-Smokers." Although not legislatively mandated, this strategy enjoys strong support from the federal and provincial governments and from national health organizations. A steering committee consisting of representatives from the federal government, each of the 10 provinces, the two northern territories, and eight nongovernment organizations meets regularly to coordinate activities (McElroy 1990). The National Clearinghouse on Tobacco and Health was established to increase public access to current information on tobacco issues. The national strategy has created a strong partnership between the government and the voluntary groups for an organized, targeted campaign against the use of tobacco.

In the United States, one of the federal government's most significant contributions to education and information about the health hazards of tobacco use has been the publication over the past 25 years of annual reports of the Surgeon General. These reports provide current, scientific information on and analysis of research and policy related to tobacco use. In addition, the Office on Smoking and Health publishes annual and cumulative bibliographies of publications on tobacco. Other agencies of the Public Health Service have also made major contributions to education and information (USDHHS 1989; see also Chapter 6).

From 1967 to 1970, the federal government mandated that messages about the health hazards of tobacco use be broadcast through the media to balance commercial cigarette advertisements. This use of the Federal Communications Commission's fairness doctrine had a substantial effect on tobacco use. Per capita consumption decreased in 1967 and continued to decline each year through 1970. When cigarette advertising on the broadcast media was banned and the fairness doctrine antismoking messages were stopped, cigarette sales increased by 2.5 percent per year (Warner 1979, 1986b; USDHHS 1989).

Under the Comprehensive Smokeless Tobacco Health Education Act of 1986, the federal government is required to develop educational programs, materials,

and public service announcements on the dangers of using smokeless tobacco. The federal government also authorizes grants and technical assistance to the states for developing such programs.

Many states require education on the hazards of tobacco use. In 1981, 38 states and the District of Columbia mandated school health education on tobacco, but the number fell to 19 states and the District of Columbia in 1987. These counts are not directly comparable because the former figure was derived from a survey of drug education, and the latter from a survey that specifically asked about tobacco education.

**Table 6. Countries that mandate health education on tobacco use, by type of provision\***

Country or selected municipality	Public education	Student education	Allocation of funds
North America			
Canada	X	X	
United States <sup>†</sup>	X	X	X
Latin America			
Argentina			
San Fernando del Valle de Catamarca	X		
Bolivia	X	X	
Brazil	X		
São Paulo	X	X	
Chile	X	X	X
Colombia	X		
Costa Rica	X		
Cuba	X		
Ecuador	X		
El Salvador	X	X	
Mexico	X	X	
Uruguay	X	X	X
Caribbean			
French overseas departments and territories <sup>‡</sup>	X		

\*For a summary of legislation in selected countries, see the notes in Appendix 1 to this chapter.

<sup>†</sup>Does not necessarily imply federal legislation, but acknowledges activities of several states.

<sup>‡</sup>For this table, the French overseas departments and territories are counted with the Caribbean countries.

Information is not available, however, on the content of antitobacco curricula nor on the level of compliance with state government mandates (USDHHS 1989).

A 1989 initiative in California allocates revenues from the tobacco tax to health purposes, including education on the health hazards of tobacco use. Revenues for the first year were \$525 million (Bal et al. 1990).

### Latin America

Ten countries in Latin America (Table 6) mandate public education on the health hazards of tobacco use. In Uruguay, a special order of the Ministry of Health requires hospitals and special services, particularly maternal and child health clinics, to provide intensified education on tobacco use. Only Bolivia and Mexico have enacted national legislation requiring antitobacco education in the schools, although such education may be provided voluntarily in other countries. In 1980, the municipality of São Paulo in Brazil passed legislation requiring antitobacco education in all sectors of the community, with special emphasis on antitobacco education in the schools. In its legislation, Chile has provided for the allocation of resources for informational and educational activities against tobacco use.

### Caribbean

No Caribbean country mandates health education on tobacco use, but the school systems in some Caribbean countries voluntarily include such education (PAHO 1988).

### Model Legislation

The French overseas departments and territories in the Americas are subject to French law. The French National Assembly passed legislation in 1991, to take effect January 1, 1993, banning all forms of tobacco advertising. This far-reaching legislation prohibits the sale of cigarettes to minors, withdraws tobacco products from the consumer price index, requires a health warning stronger than the current message that abuse is dangerous, and will allow the Minister of Health to require other health warnings on cigarette packages. Currently, smoking in schools, food stores, community recreation centers, elevators, clinics, and hospitals is prohibited by French law. The new legislation bans smoking in all public places.

This new law provides the French overseas departments and territories, together with Canada, with the most comprehensive tobacco-control legislation in the Americas. The effectiveness of this model program will be of particular interest to other countries of the Americas in planning legislative programs.

## The Impact of Antitobacco Legislation

Evaluating the effects of legislation is difficult because many factors are involved in tobacco use (see USDHHS 1989, Chapter 7). However, worldwide evidence indicates that specific legislative interventions do have positive effects:

- A decline in cigarette consumption is associated with the required airing of antismoking messages in the U.S. broadcast media (Warner 1979, 1986b).
- A decline in smoking is associated with price increases (Townsend 1990; Lewit 1989; Warner 1986a; USDHHS 1989).
- Of 15 European countries, those with legislative programs made more progress in reducing smoking than did those that used a voluntary agreement (Cox and Smith 1984).
- In Norway, in the five years following enactment of the Tobacco Law of 1975, which banned advertising,

raised tobacco taxes, and stimulated strong educational programs, cigarette sales declined by 15 percent, particularly among young people (Tye, Warner, Glantz 1987).

- In Finland, a decline in total consumption of tobacco products has been related to antismoking measures (Advisory Committee on Health Education [Finland] 1985).

Similar successes specific to legislative efforts have not yet been documented for Latin America and the Caribbean. Growing awareness of the potential power of legislative and regulatory interventions may increase interest in their enactment and formal evaluation. Determining the extent to which statutes are enforced and obeyed is an important first step in evaluating their impact.

## Conclusions

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1. Legislation that affects the supply of and demand for tobacco is an effective mechanism for promoting public health goals for the control of tobacco use.
2. Although the direct effects of legislation are often difficult to specify because of interaction with a variety of other factors, there are numerous examples of an immediate change in tobacco consumption subsequent to the enactment of new laws and regulations.
3. Most countries of the Americas have legislation that restricts cigarette advertising and promotion, requires health warnings on cigarette packages, restricts smoking in public places, and attempts to control smoking by young people. These laws and regulations, however, vary in their specific features. In many areas, the current level of enforcement is unknown.

## Appendix 1. Notes to Tables

Details are provided below on selected legislation summarized by four tables in this chapter. This legislation concerns advertising and promotion (Table 2), smoking in public places (Table 4), preventing tobacco use by minors (Table 5), and health education on tobacco use (Table 6). The information is organized by table and then by country, in alphabetical order. Appendix 2 cites specific legislation that corresponds with the descriptions given here.

### Controls on Tobacco Advertising and Promotion (Table 2)

#### Argentina

Except for stating the brand, advertising on television and radio is prohibited from 8:00 p.m. to 10:00 p.m. Advertising directed to persons under age 21 is prohibited in theaters and cinemas to which persons under 18 are admitted. The distribution and promotion of samples at colleges and universities are prohibited. Advertising associated with the practice of sports is prohibited. Young persons may not be shown as models in tobacco advertising, and the representation of persons smoking excessively is prohibited. Low-nicotine cigarettes may not be represented as beneficial to health.

#### Bolivia

Advertising of tobacco is restricted to the tombstone format, in which only the name, brand, symbol, and tar and nicotine yield are given. Only activities directly associated with smoking may be depicted. The content of advertising is restricted to statements about the quality, origin, and purity of tobacco products. Persons inhaling or exhaling cigarette smoke, adolescents, pregnant women, and children may not be shown. Tobacco advertisements may not be associated with sporting, domestic, or occupational activities. Labels and advertisements for tobacco must be licensed by the health authority to prevent indiscriminate promotion of tobacco consumption.

#### Brazil

Advertising of tobacco products is permitted on television between 9:00 p.m. and 6:00 a.m. only. Advertising in theaters before 8:00 p.m. is prohibited if persons under 18 are admitted. Tobacco advertisements must meet certain requirements. The advertisement must not incite excessive or irresponsible consumption; it must not allude to health or holidays or state that tobacco has soothing properties; it must not associate tobacco products with sexuality, virility, or femininity. Reference to children and adolescents is prohibited,

and tobacco advertising may not be addressed to young people. The size and frequency of health warnings are prescribed. Announcement of sponsorship of events by tobacco companies is limited to the presentation of the name and logo of the company, and such announcement is not permitted as part of the program of the event.

#### Canada

The Tobacco Products Control Act of Canada prohibits advertising of any tobacco product offered for sale in Canada. Until January 1, 1991, a tobacco manufacturer or importer could advertise the product by signs, subject to a limit on the amount expended on the preparation and presentation of the sign. The legislation limits the amount that a tobacco manufacturer or importer may contribute to cultural or sporting activities or events, at which brand names of tobacco products are used, to the value of contributions to such events in 1987. Regulations under the act specify the health warnings that must appear on signs and vending machines and the number and size of signs at retail outlets.

#### Chile

A health warning is required on advertisements of tobacco products in print media, on television and radio, and in cinemas, at which the warning must remain on the screen for at least five seconds after the advertisement is shown. No direct or indirect reference to minors may be made, and young people may not be depicted in tobacco advertisements.

#### Colombia

Tobacco advertising is restricted to presentation of brand, quality, price, and system of marketing. Depiction of minors and the act of smoking is prohibited. Advertising of tobacco is allowed on television after 11:00 p.m. only and is limited to 30 seconds for each brand. All commercials advertising cigarettes must devote 20 percent of transmission time to a warning that tobacco is harmful to health. The Council of the District of Bogotá prohibits tobacco advertising in children's sports and scientific publications; on murals, posters, or signs at sports, cultural, educational, or residential places; and in public transportation vehicles.

#### Costa Rica

All advertising or promotion of cigarettes through newspapers, radio, television, and cinemas must be approved by the Ministry of Health to avoid publicity detrimental to the public health. Advertising of tobacco is prohibited on radio and television programs intended for children.

## **Ecuador**

Tobacco advertising directed at or referring to minors is prohibited. Also prohibited are the broadcast of tobacco advertisements before 7:30 p.m., the insertion of such advertisements in programs for children, the use of minors as models, the placement of advertisements near schools and colleges or in comics, and the depiction in tobacco advertisements of sports figures or people who have contributed to the literature and history of Ecuador.

## **El Salvador**

Tobacco advertising on radio or television and in cinemas during programs directed to children is prohibited, but advertising during programs not directed to children is allowed.

## **Mexico**

The legislation prohibits tobacco advertising that asserts that the product enhances social prestige or that induces consumption by (1) asserting that tobacco is a sedative or reduces fatigue or tension or (2) attributing stimulant qualities leading to success. Advertising that induces persons to consume the product for health reasons is also prohibited. Tobacco advertising must not associate tobacco with sports, domestic, or professional activities; emphasize femininity or virility; suggest greater success in sexual relations; depict children or adolescents; attribute an effect of well-being; or depict persons smoking in public. Tobacco advertising is limited to information on the characteristics, quality, and techniques of preparation of these products.

## **Panama**

All advertising of tobacco must be approved by the Ministry of Health. Advertising that shows people smoking is prohibited.

## **Paraguay**

Tobacco advertisements may refer to the quality and origin of the tobacco only and must not encourage consumption. The use of figures or characters representing children or adolescents is prohibited as is the association of tobacco with sports, work, study, or home. Tobacco advertisements may not be televised before 7:00 p.m., except during presentations of international meetings, whether produced locally or abroad.

## **Peru**

Advertising of cigarettes is prohibited before 8:00 p.m. on radio and television and during shows suitable for minors in places of entertainment.

## **Trinidad and Tobago**

The Bureau of Standards enunciated standards based on the Code of Advertising Practice, 1979, of the Advertisers' Association of Trinidad and Tobago, which was developed in cooperation with the Advertising Standards Authority and other agencies. These standards require a health warning on tobacco advertisements, permit advertisements for free samples in the trade press only, prohibit the inclusion of coupons or trading stamps in cigarette packages, and forbid the directing of tobacco advertisements and promotion at audiences that include children.

## **United States**

Federal legislation prohibits advertising of cigarettes, little cigars, and smokeless tobacco on television and radio. Health warnings are required in print advertisements and on billboards.

## **Uruguay**

Legible health warnings, required on written tobacco advertisements, must remain on a screen long enough to be read. Oral advertising must refer to the health warning once for every five references to tobacco products. No promotion of tobacco products, direct or indirect, may be undertaken in schools or other educational institutions, whether public or private. Legislation proposed in 1988 would set forth standards for advertising tobacco products, including a prohibition on advertisements directed to or depicting young people. Low-tar and low-nicotine cigarettes could not be depicted as beneficial to health, and advertising could not associate smoking with sports, physical strength, social prestige, virility, or femininity. Advertising would also be restricted to objective facts on the characteristics of the product, its price, and its quality.

## **Venezuela**

All advertising of tobacco products on television or radio that directly or indirectly encourages consumption of cigarettes and tobacco products is prohibited.

## **Restrictions on Smoking in Public Places (Table 4)**

### **Bolivia**

Smoking is prohibited in schools, health premises, indoor public places, and public transportation vehicles. Separate smoking areas are to be provided in indoor public places.

## **Brazil**

On May 31, 1990, the Ministry of Health adopted a resolution prohibiting smoking in any public or private health institution. The Ministry recommends that the states, the Federal District, and the municipalities adopt measures restricting smoking in public premises, public transportation vehicles, elevators, auditoriums, cinemas and theaters, public libraries, and premises for use by the public. Smoking is prohibited on all flights of two hours or less. On flights exceeding two hours, space must be reserved for smokers in the rear of the plane. A legal challenge to the restrictions on smoking on short flights was rejected by the Supreme Court of Justice in Brasilia in December 1989.

In 1988, an order of the national government recommended that federal, state, and municipal governments adopt or encourage limitations on smoking in enclosed public places that lack adequate ventilation.

In 1980, the Secretary of State for Health and the Environment prohibited cigarette smoking in places where service is provided to the public in health units, hospitals, and other agencies of the Secretariat.

At the state level, Rio Grande do Sul prohibits smoking in public educational establishments; halls used for meetings, entertainment events, and lectures; museums and libraries; public health establishments; gymnasiums or other closed premises used for sports activities either maintained or subsidized by the state; and intercity passenger-transportation vehicles.

In São Paulo, smoking is prohibited on intercity buses, in schools, hospitals, health centers, and other local public health buildings. Both the smoker and the person in charge of the facility are subject to fines for violating this legislation. Since July 1990, all restaurants of more than 100 square meters must reserve 50 percent of the space for nonsmokers.

In the state of Rio de Janeiro, smoking is prohibited in meetings of the Federal Council on Medicine.

At the municipal level, the city of Rio de Janeiro has enacted legislation prohibiting smoking on buses and in elevators, cinemas and theaters, stores and supermarkets, hospitals and health services, museums, schools, garages, and taxis.

Pôrto Alegre prohibits smoking in businesses, cinemas, theaters, schools, elevators, buses, and places where explosives or flammable materials are processed or stored.

The municipalities of Curitiba and Florianópolis prohibit smoking in enclosed public places and businesses.

## **Chile**

In 1981, the Ministry of Education issued a circular requiring teachers and professors to refrain, whenever possible, from smoking in class and while complying with their obligations to students. The head of the institution is responsible for enforcement.

In 1981, the Ministry of Health prohibited smoking by staff on the premises of the National Health Service and in patients' waiting rooms, administrative offices, elevators, auditoriums, and meeting rooms.

Acting on the recommendation of WHO, the Minister of the Interior recommends that smoking be prohibited in the waiting rooms, offices, anterooms, and places of public service in government organizations.

Legislation in 1985 prohibits smoking in public transportation vehicles.

## **Colombia**

The Special District of Bogotá prohibits smoking in covered coliseums, movie houses, theaters, public libraries, museums, and other buildings to which the public is admitted or that are devoted to cultural or sports activities; in buses and taxis; in enclosed areas of hospitals, sanatoriums and health centers; and in government offices where the public is served.

## **Costa Rica**

Smoking by employees and visitors is prohibited in national government buildings, except for persons incarcerated in buildings of the national penitentiary system. But in each public institution, a smoking area is to be provided.

Smoking is prohibited in places for public entertainment, including cinemas and theaters, throughout the country. The owners or managers of these facilities are responsible for enforcement.

Smoking is also prohibited in all means of public transportation. Drivers are responsible for enforcement; they may refuse to continue service and seek help from the authorities.

Legislation enacted in 1988 imposes a general ban on smoking in the workplace and requires the director of the workplace, or his or her representative, to ensure strict compliance with the prohibition. An area may be reserved for smokers—to the extent possible.

## **Cuba**

Smoking by the staff, patients, and visitors of the National Health System is prohibited. A 1981 ministerial resolution prohibits smoking on all means of public transportation.

## **Guatemala**

Guatemalan Government Accord No. 681 (August 3, 1990) prohibits smoking in public transportation vehicles and in public places in government and private offices.

## **Honduras**

Comprehensive legislation enacted in 1989 prohibits smoking in public and private schools; cinemas and theaters; collective ground, air, and sea transportation; public and private hospitals; government offices and workplaces; sports centers; and sessions of the national Congress.

## **Mexico**

A 1990 decree of the Secretary of Health restricts smoking in the medical facilities of the Secretary of Health and the National Institute of Health, including areas for preventive, curative, and rehabilitative care; auditoriums and places for group meetings, lectures, and teaching; and other areas.

In the Federal District of Mexico, a regulation for the protection of nonsmokers, dated July 5, 1990, restricts smoking in a wide range of indoor public places, including public transportation vehicles; kindergartens; primary, secondary, and high schools; waiting rooms of health facilities, hospitals, and clinics; libraries; cinemas, theaters, and auditoriums; government offices; and shops and businesses providing service to the public, such as automobile service shops, banks, and financial, industrial, and commercial offices.

## **Panama**

A 1978 decree prohibits smoking in buses.

## **Paraguay**

A resolution of the Ministry of Public Health and Social Welfare, issued on January 23, 1990, prohibits smoking in the clinics and waiting rooms of the health services as well as in other offices and buildings of the Ministry.

In Asunción, the municipal council has prohibited smoking in vehicles of the public transportation system.

## **Peru**

A ministerial resolution prohibits smoking in buildings and offices of the Ministry of Health and its decentralized agencies. The text of the resolution must be posted at the entrance and other prominent places of the buildings and offices of the Ministry. Managers and staff are required to ensure strict compliance with the ban on smoking.

## **Trinidad and Tobago**

Although no national legislation restricts smoking on aircraft, British West Indian Airways Ltd., in compliance with regulations of the International Airline Transport Association, prohibits smoking on flights of less than one and one-half hours.

## **Uruguay**

Since 1976, the School of Medicine of the University of the Republic of Uruguay has prohibited smoking by physicians, students, staff, patients, and visitors in hospitals of the medical school. A Special Order of the Ministry of Health, No. 3904, prohibits smoking in all hospitals of the Ministry of Health. This ban applies to patients, visitors, physicians, students, and technical and administrative personnel while on duty and in contact with patients and their visitors. Smoking is prohibited in plenary sessions and working committee sessions of the Chamber of Deputies. Legislation proposed on June 16, 1987, would prohibit smoking in public offices, health centers, public and private schools, and public transportation.

Municipal legislation in Montevideo prohibits smoking in theaters, cinemas, circuses, and all other places where public performances are presented, although a 1979 decree of Montevideo permits sale of cigarettes in theaters. Montevideo also prohibits smoking in city buses and on short trips (less than 110 km) of interdepartmental buses. A 1975 decree prohibits smoking on school buses. On long-distance lines, including national and international tourism buses, smoking is permitted in the last three rows of seats. Smoking is also prohibited by personnel of companies engaged in the storage, sale, and transportation of flammable liquids; in storage places for microcontainers of "supergas"; in storage places for cylinders and equipment for respiratory therapy; and in storage places for bulk liquid petroleum gas.

## **Venezuela**

A 1979 regulation under the Tax Law on Cigarettes and Manufacturing of Tobacco bans smoking in public transportation vehicles; in buildings where people gather, such as waiting rooms in theaters and cinemas; in hospitals and other health facilities; in sports arenas; and in other places that may be designated. Smoking areas may be set aside in these facilities. No-smoking signs must be posted, and managers of these public places are responsible for compliance.

In 1984, the Venezuelan Social Security Institute prohibited smoking in all the administrative service units of the Institute, and the Ministry of Education prohibited smoking in school buildings.

## **Restrictions Preventing Tobacco Use by Minors (Table 5)**

### **Argentina**

A statute enacted in 1986 prohibits tobacco advertising on radio and television from 8:00 a.m. to 10:00 p.m., except that the name of the brand may be presented. Tobacco advertising is prohibited in publications intended for young people and in theaters and cinemas to which persons under 18 are admitted. Distribution and promotion of samples of cigarettes at colleges and universities are prohibited. Young people may not be used as models in advertisements of tobacco. Advertising directed at young people or associated with sports is prohibited.

### **Bolivia**

Regulations introduced in 1982 ban smoking in schools because smoking exposes persons of low resistance to the polluting effects of tobacco and because minors are susceptible to example. Tobacco advertising must not depict children or adolescents, nor may it associate tobacco with sports. In 1984, the Minister of Education and Culture prohibited students, professors, and parents of students from smoking in public and private educational institutions.

### **Brazil**

Legislation enacted in 1988 specifies that no reference to children may be made in tobacco advertising and that such advertising must not be addressed to them. Tobacco advertising cannot be presented in theaters before 8:00 p.m. if persons under 18 may attend. Advertising on television is allowed between 9:00 p.m. and 6:00 a.m. only. An order of the Ministry of Health in 1990 prohibits the sale of cigarettes to minors and prohibits the distribution of free samples of tobacco products at public events. The municipalities of Rio de Janeiro, São Paulo, and Pôrto Alegre prohibit smoking in schools.

### **Chile**

Tobacco advertising on radio or television is prohibited before 9:30 p.m. Young people may not be depicted in tobacco advertisements. In May 1981, the Ministry of Education prohibited smoking in schools and by teachers during classes.

### **Colombia**

Sales to minors under age 14 and smoking in schools are prohibited.

### **Costa Rica**

A 1988 decree prohibits the sale of cigarettes to minors in all commercial establishments. Administrators or managers of the establishments must ensure compliance with the decree. Violators are sentenced under the General Health Law, which provides a penalty of five to 30 days in jail.

### **Ecuador**

Distribution of samples of cigarettes to minors is prohibited. Tobacco advertising aimed at children or referring to them is also prohibited. Tobacco advertisements may not be presented on television before 7:30 p.m. nor be included in programs intended exclusively for children. Tobacco may not be advertised in or near schools, on school buses, in sports centers, or in comic books. Sports stars and young artists may not be depicted using or smoking cigarettes in posters, in movies, or on record albums. A similar ban applies to use of historical figures and members of the learned professions in advertising. Encouraging smoking to improve concentration or performance is prohibited.

### **El Salvador**

Tobacco advertising is permitted on radio, on television, and in movie houses during programs not intended for children.

### **Mexico**

The General Health Law of 1983 sets forth the objectives of the Program Against Smoking, which includes education of the family, children, and adolescents about the effects of tobacco on health through individual methods and mass communication. The statute contains no specific ban on advertising directed at children, but it prohibits the sale of tobacco products to minors under any circumstances.

### **Panama**

All advertising of tobacco must be approved by the Ministry of Health. Tobacco advertising may not depict persons smoking.

### **Paraguay**

Tobacco advertising that depicts children or adolescents or that associates tobacco with sports is prohibited.

### **Peru**

Cigarette advertising may be presented on radio and television after 8:00 p.m. It is an offense to present tobacco advertising before 7:00 p.m. in performances suitable for minors.



## **Uruguay**

The sale of cigarettes, cigars, and tobacco products to minors (persons under 18 years of age) is prohibited. The sale of single or loose cigarettes is prohibited. Advertising of cigarettes is allowed on radio and television after 9:00 p.m. only. Television stations must avoid guests' smoking on programs between 6:00 a.m. and 12:00 p.m.

## **Venezuela**

A 1980 decree prohibits television and radio advertising that leads to the use of cigarettes and tobacco products, especially by young people. Violation of this decree is punishable by suspension or revocation of the broadcasting permit.

## **Legislation Mandating Health Education on Tobacco Use (Table 6)**

## **Bolivia**

Legislation enacted in 1982 requires the Ministry of Social Welfare and Public Health to create mass education programs to counter the harmful effects of tobacco and to supervise the use of the media for tobacco advertising. A council for health training and education, created by joint action of the Ministry of Social Welfare and Public Health and the Ministry of Education and Culture, is charged with analyzing the educational programs, including compulsory anti-smoking education, for systematic and programmed teaching of health education.

## **Brazil**

Legislation enacted in 1986 provides for a national antismoking day (on August 29 each year) and a national campaign in the preceding week that alerts people to the dangers of tobacco use.

## **Chile**

The National Commission for Control of Smoking, established by a 1986 decree, is charged with designing and evaluating a program for smoking control that includes education, information, and regulation. The Commission is required to identify resources in the public and private sectors for informational, educational, and smoking-cessation activities. The function of the Intersectoral Commission for Primary Prevention of Alcoholism in Schools, established in 1980, has been expanded to prevent the use of drugs and tobacco. In 1984, the Decree on the Advisory Joint Commission on Education was modified to strengthen joint activities of the ministries of health and education and their constituent bodies and to increase support at the local level.

## **Colombia**

Legislation of 1986 provides for educational programs and campaigns to prevent tobacco use.

## **Costa Rica**

A 1988 decree urges campaigns and activities to mark World No-Tobacco Day, established by WHO, that emphasize the injury to health caused by smoking.

## **Cuba**

A 1981 decree requires the staff of the National Health System to use all opportunities to provide information on the harmfulness of tobacco and to persuade citizens of this effect.

## **Ecuador**

The 1979 Constitution of Ecuador recognizes the right to welfare of all Ecuadorians, which includes protection of health, and requires programs aimed at eliminating alcoholism and other addictions.

## **El Salvador**

A decree of May 11, 1988, requires the Ministry of Public Health and Social Welfare to develop programs on the effects of consumption of drugs and tobacco and to encourage cultural and sports activities that prevent such consumption.

## **Mexico**

The General Health Law of 1983 sets forth the objectives of the Program Against Smoking, which include education of the family, children, and adolescents through individual methods and mass communication. Emphasis is on education of the family to prevent tobacco use by children and adolescents. Coordination agreements between the Ministry of Health and Welfare and the states provide for implementing smoking-control programs in institutions of higher education and for preventing smoking by children and adolescents.

## **Uruguay**

Concerned about the increase in smoking among young people, the Ministry of Public Health, with participation from the Ministry of Education, organized No Tobacco Day, which involves educational councils at the primary, secondary, and teacher training levels. Legislation proposed in 1988 would authorize a commission for the control of smoking to coordinate educational programs on tobacco with the National Administration of Public Education, the University of the Republic, and other educational organizations.

## Appendix 2. Legislation Reviewed for the Americas

Many of the references cited here are available from multiple sources, including the *International Digest of Health Legislation* (IDHL), edited by the Health Legislation Office, World Health Organization, Geneva, and the LEYES database produced in the WHO Regional Office for the Americas, or Pan American Health Organization (PAHO), by the Health Legislation Project (HLE), Health Policies Development Program. Several state and local statutes were provided by PAHO. The list contains related laws not specifically discussed in the text.

For a useful summary and analysis of Latin American legislation to control smoking, see Bolis, M., *Frame of Reference for the Analysis of Latin American Legislation Relating to Control of Smoking*, Washington, DC: Pan American Health Organization, Health Policies Development Program, December 1989 (in Spanish and English).

### Argentina

Order No. 33.266 prohibits drivers of school buses from smoking and prohibits smoking on vehicles transporting dangerous substances.

Order No. 22.900 prohibits smoking on public transportation vehicles.

Order No. 09-12-910 prohibits smoking in theaters, including interior vestibules and corridors.

Resolution No. 422 of May 23, 1984, prohibits the use of minors in tobacco advertising. (LEYES database)

Law No. 23344 of July 31, 1986, restricts the advertising of tobacco, cigars, cigarettes, and other products intended for smoking and their packaging. (IDHL, 1986, 37(4):796-797) (LEYES database)

Parliamentary Decree No. 226 of April 27, 1988, requires that all advertising and promotion of tobacco carry a warning that smoking is prejudicial to health.

Argentine Food Code, Article 18, prohibits the use of tobacco in food establishments and in places where food products are handled.

### Argentina (Buenos Aires)

Order No. 6762-DOCS-84 of December 5, 1984, concerns smoking in public transportation, stations of the underground, school buses, vehicles transporting dangerous substances, theaters, and food establishments.

Law No. 10.600 of November 12, 1987, prohibits smoking in public transportation vehicles.

### Argentina (Córdoba)

Order No. 8425 of October 11, 1988, prohibits smoking in offices of the municipal government that serve the public.

Law No. 7827 of September 20, 1989, prohibits smoking in enclosed places of the executive, legislative, and judicial branches of the government.

### Argentina (Jujuy)

Law No. 4292 of June 17, 1987, prohibits smoking in public buildings, school rooms, hospitals, and means of urban and suburban transportation.

### Argentina (Mendoza)

Law of December 3, 1988, prohibits smoking in indoor public places, elevators, public offices, hospitals and health centers, official banks, and educational establishments.

### Argentina (Valle Viejo)

Order of October 25, 1988, prohibits smoking in government offices, indoor public places, and means of transportation.

### Argentina (San Fernando del Valle de Catamarca)

Order No. 565-C-89 prohibits smoking in enclosed places of the municipal government and orders a campaign against smoking with the objective of extending the prohibition to all public and private places.

### Bermuda

The Tobacco Products (Public Health) Act 1987 requires warnings on packages and advertisements for tobacco products. (IDHL, 1989, 40(1):100)

The Tobacco Products (Public Health) Regulations 1988 requires health warnings on cigarette packages. (IDHL, 1989, 40(1):100-101)

### Bolivia

Decree Law No. 15.629 of July 18, 1978, Health Code, contains a provision on cigarette marketing. (LEYES database)

Supreme Decree No. 18.955 of May 26, 1982, forbids the importation of cigarettes into Bolivia. (LEYES database)

Regulations of March 15, 1982, on the use of tobacco, restrict advertising, require a health warning, and prohibit smoking in schools, indoor public places, and transportation vehicles. (IDHL, 1983, 34(3):538:539) (LEYES database)

Ministerial Resolution No. 883 prohibits smoking in any educational establishment, private or public, throughout Bolivia. (Provided by HLE/PAHO)

### **Brazil**

Law No. 7488 of June 11, 1986, establishes a national antismoking day. (IDHL, 1989, 40(2):406) (LEYES database)

Order No. 490 of August 25, 1988, restricts smoking in public places, requires a health warning on tobacco packages, and restricts advertising. (IDHL, 1989, 40(2):406)

The Brazilian Political Constitution of 1988 stipulates that commercial advertisement of tobacco (and other products mentioned) will be subject to legal restrictions and requires that a warning appear on advertisements of these products stating the harmful effects caused by their use.

Regulation No. 731 of the Ministry of Health, dated May 31, 1990, restricts advertising of tobacco products, requires a health warning on packages and advertising, regulates smoking in health institutions and on airline flights, encourages federal districts and municipalities to restrict smoking in public places, and forbids the sale of tobacco products to persons under 18 years of age. (Resolution No. 490 of August 25, 1986, is repealed)

### **Brazil (Rio Grande do Sul)**

Order No. 1/80-SSMA of April 8, 1980, concerns smoking in the workplace, smoking in health institutions, and restrictions on tobacco sales in health institutions. (IDHL, 1981, 32(1):87)

Law No. 7813 of September 21, 1983, contains provisions on smoking. (IDHL, 1983, 34(4):768)

### **Brazil (São Paulo)**

Law No. 3.938 of September 8, 1950, prohibits smoking in public transportation vehicles, elevators, and places of public entertainment. (Provided by HLE/PAHO)

Law No. 8.421 of July 14, 1976, prohibits smoking in indoor supermarkets and other stores. (Provided by HLE/PAHO)

Law No. 9.032 of March 27, 1980, concerns educational programs in schools on the harmful consequences of tobacco and alcohol consumption. (Provided by HLE/PAHO)

Law No. 9.120 of October 8, 1980, prohibits smoking in public transportation vehicles in urban areas, public places, health establishments, and elementary and secondary schools.

Law No. 2.845 of May 20, 1981, prohibits smoking on school premises, on sports grounds, and in public health establishments. (Provided by HLE/PAHO)

Decree No. 17.451 of July 22, 1981, regulating Law No. 9.120 of October 8, 1980, prohibits smoking in public places, hospitals, and elementary and secondary schools. (Provided by HLE/PAHO)

### **Canada**

Tobacco Products Control Act, 1988, Chapter 20, Revised Statutes of Canada. (IDHL, 1988, 39(4):858-859)

Non-smokers' Health Act, 1988, Chapter 21, Revised Statutes of Canada, as amended by Chapter 7, Revised Statutes of Canada, 1988. (IDHL, 1988, 39(4):859-860, IDHL, 1990, 41(1):83-84)

Non-smokers' Health Regulations. (IDHL, 1990, 41(1):84-85)

Aeronautics Act: Air Regulations, amendment. (IDHL, 1988, 39(1):86)

### **Canada (Manitoba)**

An Act to Protect the Public Health and Comfort and the Environment by Prohibiting and Controlling Smoking in Public Places, Bill 71, 1987.

### **Canada (Ontario)**

The Smoking in the Workplace Act, 1988.

### **Canada (Quebec)**

Law on the protection of nonsmokers in certain public places, Bill 84, 1987. (IDHL, 1987, 38(1):65-66)

### **Chile**

Decree No. 106 of April 8, 1981, prescribes a warning in connection with the marketing and advertising of tobacco. (IDHL, 1982, 33(4):732) (LEYES database)

Circular No. 601/81 of the Ministry of Education, dated May 11, 1981, restricts smoking by teachers and in the schools.

Circular No. 3H/95 of June 23, 1982, of the Ministry of Health prohibits smoking by health professionals, health officials, and the general public in hospital rooms, clinics, waiting rooms, administrative offices serving the public, elevators, auditoriums, and waiting rooms of the National Health Service.

Law No. 18290 of February 1985 concerns the public transportation of passengers and prohibits smoking in the interior of public vehicles. (LEYES database)

Decree No. 1 of January 2, 1986, establishes the National Commission for the Control of Smoking. (IDHL, 1987, 38(4):786-787) (LEYES database)

Resolution No. 35 of April 21, 1986, forbids smoking in public vehicles. (LEYES database)

Decree No. 164 of June 4, 1986, prescribes a new warning for use in the marketing and advertising of tobacco. (IDHL, 1987, 38(4):787) (LEYES database)

Circular No. 3F/123 of August 13, 1986, of the Ministry of Health, restricts smoking in the health facilities of the National Health Service. (LEYES database)

Circular No. 1-27 of July 1989, of the Ministry of Health, concerns promotion of the antitobacco campaign in the community and in schools of the municipal education system.

Circular 27 of July 4, 1989, of the Ministry of the Interior, recommends restrictions on smoking in government services and on the sale of tobacco products in kiosks and other places of the government services.

## **Colombia**

Decree No. 1.188 of June 25, 1974, promulgates the National Statute on Narcotics, Section 20 of which restricts tobacco advertising in cinemas and the broadcast media. (IDHL, 1978, 29:23-26)

Decree No. 3.430 of November 26, 1982, concerns restrictions on advertising of tobacco.

Resolution No. 4.063 of 1982, regulating Decree No. 3430 of November 26, concerns restrictions on advertising. (Provided by HLE/PAHO)

Resolution No. 7.559 of June 12, 1984, creates the National Board on Tobacco and Health. (Provided by HLE/PAHO)

Decree No. 3.788 of 1986 concerns educational campaigns against tobacco. (Provided by HLE/PAHO)

Law No. 30 of January 31, 1986, refers to campaigns aimed at, among other topics, preventing tobacco consumption. (LEYES database)

## **Colombia (Bogotá)**

Accord No. 3 of 1983 concerns smoking in public places, public vehicles, schools, health establishments, and government offices. (Provided by HLE/PAHO)

## **Costa Rica**

Decree No. 1.520-SPPS of February 24, 1971, requires warnings on cigarette packages. (IDHL, 1974, 24:61)

Decree No. 11.016-SPPS of December 17, 1979, forbids advertising of cigarettes, unauthorized by the Ministry of Health, through newspapers, radio, television, cinemas, and other media. (LEYES database)

Decree No. 20.196-S of December 13, 1990, refers to advertisement, health warnings on packages, and places in which smoking is prohibited. (LEYES database)

Executive Decree No. 17.398-S-J of January 21, 1987, forbids civil servants to smoke at work. (LEYES database)

Executive Decree No. 17.964-S of August 3, 1987, forbids smoking in cinemas and theaters. (LEYES database)

Executive Decree No. 18.771 of January 16, 1989, requires the director of public institutions to place no-smoking signs in visible places. (LEYES database)

Executive Decree No. 18.780 of January 19, 1989, requires warnings on tobacco's harmful effects. (LEYES database)

Decree No. 17.967-S of February 4, 1988, concerns restrictions on sales to minors. (IDHL, 1989, 40(1):101) (LEYES database)

Decree No. 17.969-S of February 4, 1988, concerns tobacco information programs. (IDHL, 1989, 40(1):101) (LEYES database)

Decree No. 18.216-S-TSS of June 23, 1988, concerns smoking in the workplace. (IDHL, 1989, 40(1):101) (LEYES database)

Decree No. 18.248-MOPT S of June 23, 1988, concerns smoking on public transportation vehicles. (IDHL, 1989, 40(1):101-102) (LEYES database)

## **Cuba**

Ministerial Resolution No. 165 of August 17, 1981, concerns smoking in health institutions and in the workplace. (IDHL, 1989, 40(2):407) (LEYES database)

## **Ecuador**

Supreme Decree No. 965 of August 24, 1973, promulgates regulations governing manufacturing, sales, and advertising activities associated with the use and consumption of cigarettes and alcoholic beverages. (IDHL, 1978, 29:64-65) (LEYES database)

Political Constitution of January 10, 1979, states that the social security system will be aimed at the elimination of alcoholism and other drug addictions. (LEYES database)

Accord No. 955 of January 13, 1989, creates a national committee against smoking. (LEYES database)

## **El Salvador**

Decree No. 955 of May 11, 1988, promulgates the Health Code concerning information programs, advertising restrictions, and health warnings on packages. (IDHL, 1990, 41(1):1-15) (LEYES database)

### **French overseas departments and territories**

Law number 91-32 (January 10, 1991), of the French National Assembly, concerns the fight against tobacco addiction and alcoholism.

### **Guatemala**

Government Accord No. 681 of August 3, 1990, prohibits smoking in public transportation vehicles and public places in government and private offices. (LEYES database)

### **Honduras**

Law of the Honduran Institute for the Prevention of Alcoholism and Drug Addiction, Decree No. 136-89, of October 14, 1989, provides for control of smoking in public places.

### **Mexico**

General Health Law of December 23, 1983, refers to the control of tobacco importation and exportation. (LEYES database)

Regulations of the General Health Law of January 4, 1988, refer to the importation and exportation of various products, including tobacco. (LEYES database)

Coordination Agreement of November 10, 1986, between the Federal Executive and the Executive of the State of Tabasco, supports the Smoking Control Program. (IDHL, 1987, 38(4):787-788)

Decree of February 26, 1973, prescribes the Health Code of the United Mexican States, Section 37 of which authorizes the Secretariat for Health and Welfare to regulate publicity for or advertising of alcoholic beverages and tobacco. (IDHL, 1974, 25:123-141)

Regulations of December 16, 1974, on advertising for foodstuffs, beverages, and medicaments, Chapter IV of which restricts advertising of tobacco. (IDHL, 1976, 27:163-168)

Decree of the Secretary of Health of April 17, 1990, restricts smoking in medical facilities of the Secretary of Health and in the National Institute of Health.

### **Mexico (Federal District)**

Regulation for the protection of nonsmokers, dated July 5, 1990, prohibits smoking in indoor public places, public transportation vehicles, public and private schools, hospitals and clinics, government offices, cinemas, theaters, and shops and business places where the public is served.

### **Nicaragua**

Decree of June 30, 1976, establishes a health warning on cigarette packages.

### **Panama**

Cabinet Decree No. 56 of March 17, 1970, prescribes measures against cigarettes. (IDHL, 1973, 24:581)

Decree No. 129 of June 19, 1978, refers to, among other things, advertising of cigarettes and tobacco. (LEYES database)

Resolution No. 1.561 of November 8, 1989, creates a national commission to study tobacco use in Panama. (LEYES database)

### **Paraguay**

Law No. 836/80 promulgates the Health Code of December 15, 1980, Sec. 202 of which restricts advertising of tobacco and authorizes the Ministry of Health to require a health warning on tobacco products. (IDHL, 1981, 32:624-634) (LEYES database)

Resolution S.G. No. 20 of the Ministry of Public Health and Social Welfare, January 23, 1990, prohibits smoking in the facilities of the Ministry of Public Health and Social Welfare and sets forth means of control.

Decree-Law No. 4012 regulates Articles 202-205 of the Sanitary Code on Advertising of Tobacco and Alcohol.

### **Paraguay (Asunción)**

Capital Municipality Transit Rule #298 of August 1981 prohibits smoking in urban passenger vehicles.

Capital Municipality Ordinance 15,381, dated February 2, 1984, prohibits smoking in cinemas, theaters, and other similar public places.

Order of the Municipal Council, Article 298, in relation to World No-Tobacco Day 1991, prohibits smoking in collective public transportation vehicles.

### **Peru**

Ministerial Resolution No. 570-86-SA-DM forbids smoking in dependencies of the Ministry of Health. (LEYES database)

Ministerial Resolution No. 449-88-SA-DM of May 12, 1988, creates a permanent national commission against smoking. (LEYES database)

Supreme Decree No. DS-0079-70-SA of April 1970 requires health warnings on cigarette packages and advertisements and restrictions on advertising. (IDHL 1977, 28:689)

Law No. 23,482 of October 20, 1982, concerns the selective consumption tax on cigarettes made from blond tobacco. (IDHL, 1987, 38(1):67) (LEYES database)

## Trinidad and Tobago

Trinidad and Tobago standard. Requirement for advertising, advertising of tobacco products of June 15, 1984. TTS 2120500 Part 3:1984.

Trinidad and Tobago Compulsory Standard. Requirements for labeling; Part II - Labeling of retail packages of cigarettes. TTS 2110500 Part II: March 10, 1989.

Chap. 46:01, Laws of Trinidad and Tobago, March 17, 1925, the Children Act, relates to the protection of juvenile offenders, children, and young persons, and to persons in industrial schools and orphanages.

## United States

The Federal Cigarette Labeling and Advertising Act, 1965, as amended by the Public Health Cigarette Smoking Act, 1969, and the Comprehensive Smoking Education Act, 1984. (IDHL, 1971, 22:998; IDHL, 1985, 36(3):649)

The Comprehensive Smoking Education Act concerns information programs, warnings on packages, evaluation of smoking-control programs, and advertising restrictions. (IDHL, 1985, 36(3):649-652)

The Comprehensive Smokeless Tobacco Health Education Act of 1986 concerns information programs, smokeless tobacco, restrictions on sales to minors, health warnings on packages, advertising restrictions, levels of toxic constituents, and evaluation of smoking-control programs. (IDHL, 1987, 38(1):67-70)

Regulations under the Comprehensive Smokeless Tobacco Health Education Act of 1986. (IDHL, 1987, 38(3):547)

Smoking Regulations. Part 101-20 (Management of Buildings and Grounds) of Title 41 (Public Contracts and Property Management) of the U.S. Code of Federal Regulations. (IDHL, 1987, 38(3):547-548)

The Department of Transportation and Related Agencies Appropriations Act 1988 concerns smoking aboard aircraft (IDHL, 1988, 39(4):865); U.S. Code Annotated, Title 49, Appendix, Section 1374(d), Prohibition against smoking on scheduled flights and tampering with smoke alarm devices, as most recently amended by P.L.101-164, Section 335, November 21, 1989, 103 Stat. 1098.

Smoking aboard aircraft. Parts 121 and 135 of Title 14 (Aeronautics and Space), U.S. Code of Federal Regulations. (IDHL, 1989, 40(1):104)

## United States (New York)

An act to amend the public health law, in relation to smoking restrictions and to repeal article 13-E of such law relating thereto concerning smoking in

public places, workplaces, health institutions, and on public transportation vehicles. Approved by the Governor: July 5, 1989. (IDHL, 1990, 41(1):88); New York Public Health Law, Article 13-E, Sections 1399n-1399x, 1990.

## Uruguay

Resolution No. 1150/970 of July 21, 1970, assigns to the Ministry of Health the task of studying the effects of smoking and disseminating information thereon through a special commission. (IDHL, 1973, 24:680)

Resolution 765602, adopted September 23, 1976, prohibits smoking in the clinics and hospital of the Faculty of Medicine by physicians, students, and technical and administrative personnel; requires inclusion of smoking history in patient charts; establishes smoking-cessation programs in the hospital; intensifies education against tobacco in the maternal and child clinics; and increases information on smoking and its risks at all levels of instruction—professional, middle level, and primary education.

Decree No. 407/981 of December 17, 1980, prohibits the smoking of tobacco products in any form in buses used for interdepartmental transport of passengers.

Law No. 15.361 of December 24, 1982, adopts provisions on the advertising and marketing of cigarettes, cigars, and other tobacco products. (IDHL, 1983, 34(3):539) (LEYES database)

Decree No. 263.983 of July 22, 1983, regulates the marketing and advertising of tobacco products.

Decree No. 163 of July 22, 1983, regulates advertising and marketing of cigarettes and tobacco products. (LEYES database)

Law No. 15.656 of October 10, 1984, extends the interval for publishing the maximum yield of nicotine and tar by cigarette manufacturers and importers. (IDHL, 1988, 39(2):396)

Resolution of the Chamber of Deputies, dated May 9, 1989, prohibits smoking in the plenary sessions and working committee meetings of the Chamber of Deputies.

Ministry of Public Health Special Order No. 3.904 (undated) prohibits smoking in the hospitals of the Ministry of Public Health by patients and their visitors, and by physicians, students, and technical and administrative personnel while on duty and in contact with patients. The order also calls for intensified education on tobacco, especially in the maternal and child health clinics, and requires inclusion of information on smoking in clinical histories recorded in the hospital.

### **Uruguay (Montevideo)**

Decree No. 16.750 of March 21, 1975, prohibits smoking by drivers of buses for school children. (Provided by HLE/PAHO)

Decree No. 19.067 of March 1979 concerns requirements for theatrical performances, including authorization for the sale of nonalcoholic drinks, cigarettes, and other items in theaters. (Provided by HLE/PAHO)

Decree 407/981 of August 12, 1981, concerns smoking on interdepartmental passenger transportation. (Provided by HLE/PAHO)

### **Venezuela**

Law of September 13, 1978, prescribes the tax on cigarettes and tobacco products. (IDHL, 1979, 30:925) (LEYES database)

Decree No. 3.007 of January 2, 1979, prescribes regulations for the implementation of the law pre-

scribing the tax on cigarettes and tobacco products. (IDHL, 1979, 30:925–926) (LEYES database)

Decree No. 849 of November 21, 1980, prohibits television advertising of tobacco products. (LEYES database)

Decree No. 996 of March 19, 1981, prohibits radio advertising of tobacco products. (LEYES database)

Decree No. 849 of November 21, 1980, prohibits the transmission by television stations of any commercial advertising that directly or indirectly encourages the consumption of cigarettes and other products derived from tobacco manufacture. (IDHL, 1982, 33(3):499) (LEYES database)

Resolution of October 23, 1984, establishes a Standing Honorary National Council, attached to the Division of Chronic Disease of the Ministry of Health and Social Welfare, for studying health problems associated with smoking—with a view to formulating policies for the prevention of smoking and the organic diseases resulting therefrom. (IDHL, 1986, 37(2):276–277)

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